

I.R.S. ELECTRONIC FILING CHECKLIST

For the 374th Airlift Wing Office of the Staff Judge Advocate

Taken In By:					Date Taken In:				
	TAX PAYER'S NAME (Last, First, MI):				RANK:				
	DUTY PHONE:			HOME PHONE:					
	FORM SUBMITTED (Circle One): 1040EZ 1040A 1040				Children's Names AND Birthdate:				
	Number of W2s Submitted by the Tax Payer:								
	Tax Payer's Birthdate:								
	Spouse's Birthdate:								
	Is the Tax Payer Claiming the Earned Income Credit?				YES NO				
	Does the Tax Payer Want Direct Deposit?				YES NO				
Name of Financial Institution:									
Routing and Transit Number:									
Account Number:				Account type (Circle One): SAVINGS CHECKING					
Ownership of Account (Circle One): SELF SPOUSE JOINT				Proof of Account:					
Date Entered		Initials		Comments:					
Date 8453 Signed		Initials							
Date Transmitted		Initials							
Date Acknowledged/8453 Sent		Initials							